REPORT TO DETERMINE STAT	US (A	APPLICATION FOR E	MPLOYER NUMBER)		OFFICE USE ONLY									
State Form 2837 (R5 / 7-05) INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT 10 N SENATE AVE RM SE106 INDIANAPOLIS IN 46204-227 Local: 317-232-7436 Toll Free: 1-800-891-6499 Fax: 317-233-				riginal Report	Account		Exa	miner	File					
			□т	ransfer										
			_ ,	Amended	Status Date		Qualifie	d Date						
		2706	_											
☐ Pre assigned				•	Pay Method Merit Rate Date									
IF YOU HAVE ACQUIRED ALL OR A PART OF AN EXISTING INDIANA BUSINESS, PLEASE     COMPLETE ALL INFORMATION REQUESTED IN SECTION A ON THE REVERSE SIDE.														
COMPLETE ALL INFORMATION REQUESTED IN SECTION A ON THE REVERSE SIDE.					Business Type	<u> </u>	Qualifyir	a Section	on					
IMPORTANT: Any Employing Unit which fails to submit any report within 10 days after such request is sent, shall be assessed a penalty of not less than \$25.00 (reference Indiana Code 22-4-19-10). If							3							
you are an employer of AGRICULTURAL or DOMESTIC (household) help, do not complete this form.				Country Code		County Code								
PLEASE TYPE OR PRINT IN INK.				•										
<u> </u>					UC-1 Sent	NTR'S	<u> </u>	Suprv						
Indiana County														
1. Federal ID Number:					Date Comp	1	M	erit Rate						
Legal Name of Employing Unit														
						Yea	' % F	Rate						
3. Trade Name (or d/b/a)					Disposer No.				%					
								%						
4. Mailing Address		Physical Address							0/					
		<u> </u>						%						
City State		City			Sta			%						
71D O - d - / 4 0 4)									%					
ZIP Code (+4 + 2 + 1)	ZIP Code (+4 + 2 + 1)							0/						
					_				%					
Business Telephone Number Business Fax Numb	per	Remark	S											
( ) -	-													
5. Type of organization (check one)														
☐ Individual ☐ Corporation ☐ Partners	ship (	<b>6.</b> (a)		1	(b)	<b>7.</b> Type	of Busi	ness						
LLC CORPORATION LLC PARTNERSHIP	-	Formation date	e of											
SINGLE MEMBER LLC		Corporation	or	incor	poration:									
	Partnership:													
SEC. OF STATE CONTROL # (2 letter abbreviation)														
Other (Estate, Trust, Etc.)			/y	•										
8. Enter the required information for owner, partners of	r office	ers. Please attach	additi	ional sheet(s	s) if needed.									
Name (please print)	Name (please print) Title			cial Security	Number	Tele	phone I	lumber						
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The State of Indiana does NOT issue account number	bers p	rior to being tax lia	able,	!	DATE PAYR	OLL BE	The State of Indiana does <b>NOT</b> issue account numbers prior to being tax liable,							
an answer "Yes" to questions 9, 10, 11, 12, 13, 14, or 15 indicates liabil									_					
	01 15	indicates liability.												
	or 15	indicates liability.			mm	do		уу						
9. Has your business filed an IRS Form 940 under the	Fede	ral ID number liste	d abo		No □ Ye	s If yo	u are ar	Emplo						
who has qualified under FUTA (Federal Unemploy	Fede	ral ID number liste t Tax Act) in any \$	ed abo		No □ Ye	s If yo	u are ar	Emplo						
	Fede	ral ID number liste t Tax Act) in any \$	ed abo		No □ Ye	s If yo	u are ar	Emplo						
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REPORT TO DETERMINE STATUS (continued)							
	(Account Number)						
If you acquired, purchased or continued all or any part of an existing Indiana business, you must complete "Section A" below. Reference Indiana Code 22-4-7-2, Indiana Code 22-4-10-6.							
<b>NOTE:</b> If you acquired only a portion of an existing Indiana business, upon application and agreement by both the disposer and acquirer, you (the acquirer) may be entitled to use the same rate as the disposer in the year of acquistion. Reference Indiana Code 22-4-17-2(b), Indiana Code 22-4-10-6(b).							
The Acquirer/Successor of an existing Indiana operation, whether a comple consider the taxable wages paid by the predecessor/disposer, towards the calendar year of the transfer, when figuring the taxable wages. IC 22-04-10-	basis paid in prior quarter(s) of the						
SECTION A If you have questions whether or not this section applies to you, ple	ease call (317) 232-7436.						
Nature of acquisition or change of entity: (check one)							
Purchase of COMPLETE organization Lease of complete organization	zation						
Purchase of a PORTION of organization  Partnership change or red (50% or more partners cha							
Corporate change or reorganization  Corporate change or reorganization  Spin-Off of a Subsidiary	arigeu)						
☐ Change in Federal ID ☐ Death of owner or partner							
Bankruptcy or other proceedings  Other (please explain in R	emarks section below)						
Date you purchased, reorganized, incorporated or otherwise took control of the Indiana business: (mm-dd-yy)							
1. Predecessor/disposer Indiana SUTA Number: ()							
2. Predecessor/disposer <b>Federal ID Number:</b>							
Predecessor/disposer Legal Name							
4. Trade Name (or d/b/a)							
5. Mailing Address							
City State							
ZIP Code (+ 4 + 2 + 1) Indiana County							
6. Disposer Contact Person Phone ()							
7. SIGN AND DATE THE FRONT OF THIS FORM WHERE INDICATED.							
REMARKS:							